A Brief Roadmap to Medi-Cal Inter-County Transfers

PART 2: Enroll in a New Health Plan

All Medi-Cal members that move to a new county must go through an inter-county transfer process to keep their health care coverage. This roadmap outlines the two key phases of the process.



This reference sheet focuses on Part 2: Enrolling in a New Health Plan



For more detailed instructions and FAQs about the Medi-Cal inter-county transfer process, please see this **full guide**.



Decide When to Disenroll from the Current Medi-Cal Health Plan

Medi-Cal members must disenroll from their current health plan before enrolling in a plan in their new county of residence. Members should carefully consider the two options of when to disenroll:

Option 1: Keep Current Health Plan Enrollment until Medi-Cal Inter-County Transfer Is Complete

- Best for people who can easily travel back to the old county to see their covered providers.
- Steps to keep current plan:
 - Inform <u>local Medi-Cal office</u> by phone, mail, or in-person visit of decision to keep current plan to avoid automatic disenrollment while the transfer is still in process

Option 2: Request Immediate Disenrollment from Current Health Plan and Stay Covered by "Fee-For-Service" Medi-Cal.

- Best for people who need to access care in their new county and don't require services offered only by a Medi-Cal health plan.
- Steps to request immediate disenrollment:
 - o Contact the local Medi-Cal office by phone, mail, or in-person visit; OR
 - Call the Medi-Cal Managed Care Ombudsman (1-888-452-8609)

STEP



Select a New Medi-Cal Health Plan in New County

After a transfer is complete, members must <u>select a</u> <u>health plan available in their new county</u>.

Standard Medi-Cal Health Plan Enrollment

- Most counties use Medi-Cal health plans and may offer multiple plans to choose from.
- Enrollment in a new health plan cannot begin until the county Medi-Cal office completes the inter-county transfer and updates the Medi-Cal member's case file in the state database.
- Once the state database updates, Medi-Cal Health Care Options will mail to a member's new county address a "choice packet" with health plan details in a member's new county.
- People without access to mail should contact Health Care Options online or by phone at 1-800-430-4263 to select their plan.
- How to choose a new health plan:
 - Mail back a completed form included in the mailed "choice packet"
 - Contact Medi-Cal's Health Care Options online or by phone at 1-800-430-4263

IMPORTANT NOTE: Enrollment will be effective the 1st day of the month after the request is submitted for the new health plan. While awaiting enrollment members can still access care at any provider who accepts "regular" or "fee-for-service" Medi-Cal.

County-Organized Health System (COHS) Plans

County-Organized Health System (COHS) Plans Some counties use a COHS where members are enrolled automatically in the county-organized health plan.

it can take up to two months to enroll in a county-organized health plan. While waiting, members can still access care at any provider who accepts "regular" or "fee-for-service" Medi-Cal.

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STFP



Request an Expedited Health Plan Enrollment (if needed)

If needed, members can expedite a Medi-Cal health plan enrollment to access necessary and urgent medical care offered by Medi-Cal health plans faster.

How to Request an Expedited Health Plan Enrollment

- Call or visit the <u>county Medi-Cal Office</u> and ask them to submit the online enrollment form to Health Care Options; or
- Call the Medi-Cal Managed Care Ombudsman at 1-888-452-8609

What to Do if the New Health Plan Enrollment Does Not Go Forward?

If a Medi-Cal member is not enrolled in a new Medi-Cal health plan, call the Medi-Cal Managed Care Ombudsman (1-888-452-8609). Confirm the member is disenrolled from their old plan and request immediate enrollment into the new health plan.

Still stuck?

Contact the <u>Health Consumer</u>
<u>Alliance</u> at 1-888-804-3536
for free and confidential legal assistance.